

Canyon Physical Therapy and Aquatic Rehabilitation INITIAL PATIENT QUESTIONNAIRE

Name _____ Date _____ D.O.B. _____
 Height _____ Weight _____ Sex: Male Female Right Handed Left Handed

Chief Complaint (Injury/Condition/Surgery/Symptoms): _____
 Type of Complaint: Work Comp Auto Surgery Gradual Onset Sports Other _____
 Description of Complaint: _____

Date of Onset: _____ X-Ray Results: _____ MRI Results: _____
 Surgery Date: _____ Type: _____
 Have you had Physical Therapy for this or other conditions this year? Yes No Number of visits: _____

Treatments related to this injury (ie. Physical Therapy, Chiropractic, injections....)

Treatment	Start Date	End Date	Outcome

Please rate your pain/symptoms on the line below indicating your current (C), worst (W) and best (B) levels.

No Symptoms _____ Worst it could be _____
 0 1 2 3 4 5 6 7 8 9 10

Easing Factors: _____

Aggravating Factors: _____

Is your condition getting..... better worse about the same

Have you experienced similar problems in the past? Yes No

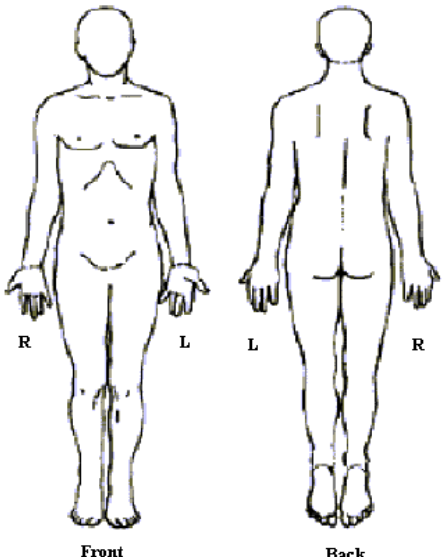
Functional Limitations (What are you unable to do, because of your current condition?): _____

Goal(s) of Treatment: _____

Occupation (Describe duties/activities): _____

Sports, Hobbies, Recreational Activities: _____

Symptom Area and Description:

	<p>Please place symbols of your symptoms on the diagram to the left. Create your own symbols if necessary to describe your symptoms.</p> <table border="1" style="width: 100%;"> <tr> <td>X = Sharp</td> <td> </td> </tr> <tr> <td>S = Stiff</td> <td> </td> </tr> <tr> <td>N = Numbness</td> <td> </td> </tr> <tr> <td>A = Achy</td> <td> </td> </tr> <tr> <td>D = Dull</td> <td> </td> </tr> </table>	X = Sharp		S = Stiff		N = Numbness		A = Achy		D = Dull	
X = Sharp											
S = Stiff											
N = Numbness											
A = Achy											
D = Dull											